



Dear Service Benefit Plan Member:

We are pleased to announce some important information about your Pharmacy Program Prescription drug benefits for the 2010 calendar year. For easy reference, we have included a chart with this letter that outlines the prescription drug benefits under both Standard and Basic Option.

These are the most important things you need to know.

**Standard Option and Basic Option**

- o Your coinsurance and copayments **have not increased** for your 2010 prescription drug benefits.
- o Retail Pharmacy Program: Our benefits for free vaccinations provided by Preferred retail pharmacies are expanded for 2010. Vaccinations for pneumonia, meningitis, shingles, human papilloma virus (HPV) and H1N1 (swine flu), in addition to the seasonal flu vaccination, are now covered. These vaccines are provided by network pharmacies that, by state law, are permitted to administer the vaccine and by pharmacists who are trained to do so. Not all Preferred pharmacies administer all of the vaccines, so be sure to check with your pharmacy to see if they participate in the vaccine network and which vaccines they administer.

**Standard Option Only**

- o Mail Service Program: You can still get up to 4 generic prescriptions filled (and/or refills ordered) through the Mail Service Program in 2010 at no cost to you.
- o Retail Pharmacy Program: Preferred Retail Pharmacy Generic Incentive Program. Beginning in 2010, your coinsurance will be waived for the first 4 generic prescriptions filled (and/or refills ordered) per drug per calendar year when as a member of the Service Benefit Plan you use a Preferred pharmacy and change from one of 16 specified brand-name drugs to a generic drug replacement.

A comprehensive description of the Prescription drug benefit can be found in the 2010 Blue Cross and Blue Shield Service Benefit Plan brochure (RI 71-005), section 5 (f).

In addition, please feel free to call us at one of the following toll-free numbers to discuss the benefit changes.

Retail Pharmacy Program	1.800.624.5060
Mail Service Prescription Drug Program	1.800.262.7890
Open Season Information Center	1.800.411. BLUE (2583)

Sincerely,

The Service Benefit Plan

**2010**  
**Service Benefit Plan**  
**Prescription Drug Benefit**

**Standard Option**

**Basic Option**

<b>Retail Pharmacy Program</b>
Preferred Pharmacies
Generic drugs: 20% of Plan Allowance
Generic drug waiver: You pay nothing. The coinsurance is waived for up to 4 generics filled or refilled per drug per calendar year when you use a Preferred pharmacy and change from any of the 16 specified brand-name drugs to the generic replacement.
Brand-name drugs: 30% of Plan Allowance
Preventive Vaccines: You pay nothing for: flu, pneumonia, meningitis, shingles, HPV and H1N1 (swine flu) vaccines, when administered by a Preferred pharmacy in the vaccine network. NOTE: Age and gender restrictions may apply.
Non-Preferred Pharmacies
45% of the Plan allowance (Average wholesale price - AWP), plus any difference between our allowance and the billed amount.
<b>Mail Service Prescription Drug Program</b>
Generic drugs: \$10 copayment You pay nothing for the first 4 generics filled (and/or refills ordered) in 2010
Brand-name drugs: \$65 copayment for the first 30 fills (and/or refills ordered) and \$50 thereafter

<b>Retail Pharmacy Program</b>
Preferred Pharmacies
Level 1 Generic drug: \$10
Level 2 (formulary or preferred brand-name drug): \$35
Level 3 (non-formulary or non-preferred brand-name drug): 50% of Plan Allowance (\$45 minimum)
Preventive Vaccines: You pay nothing for: flu, pneumonia, meningitis, shingles, HPV and H1N1 (swine flu) vaccines, when administered by a Preferred pharmacy in the vaccine network. NOTE: Age and gender restrictions may apply.
Non-Preferred Pharmacies
Benefits are not available for prescription drugs purchased at Non-preferred pharmacies under Basic Option.
<b>Mail Service Prescription Drug Program</b>
There is no Mail Service benefit under Basic Option.